

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Protocol for conducting scoping reviews to map implementation strategies in different care settings—Focusing on evidence-based interventions for pre-selected phenomena in people with dementia.
AUTHORS	Manietta, Christina ; Quasdorf, Tina; Rommerskirch-Manietta, Mike; Braunwarth, Jana Isabelle; Purwins, Daniel; Roes, Martina

VERSION 1 – REVIEW

REVIEWER	Krishnan, Preetha Winnipeg Reg Hlth Author
REVIEW RETURNED	20-May-2021

GENERAL COMMENTS	Thanks for exploring a very needed area, the results of this review will help to improve the care of dementia people in LTC and at the hospital.
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REVIEWER	Nakanishi, Miharū Koeki Zaidan Hojin Tokyo-to Igaku Sogo Kenkyujo
REVIEW RETURNED	14-Jun-2021

GENERAL COMMENTS	<p>The study protocol aims to address the knowledge gap in facilitators and barriers to implementation of dementia care. It would be recommended to clarify some ambiguities regarding second screening of papers.</p> <p>1. Although it is not clearly mentioned, the interventions targeted appear to be non-pharmacological psychosocial approaches. Pharmacological interventions may require different implementation strategies from non-pharmacological interventions so that this point needs attention during the screening.</p> <p>2. Level of evidence is undetermined when the implementation of 'evidence-based interventions' is reviewed.</p> <p>3. As the implementation science would be relatively new, one intervention program can have (1) publication(s) of evidence such as RCT but no information on implementation in daily practice, or (2) publication(s) of evidence followed by other papers on implementation.</p> <p>Second screening may need some strategies to address these series of publications.</p>
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	<p>Other comments:</p> <p>Use of the term 'BPSD' should be avoided as it places problem in the person with dementia. It is replaced with neuropsychiatric symptom (e.g. the Lancet Commission paper 2020) or challenging behaviour (in some dementia care journals).</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Reviewer's comment	Authors' response	Revision
<i>Thanks for exploring a very needed area, the results of this review will help to improve the care of dementia people in LTC and at the hospital.</i>	We thank the reviewer for this positive feedback and for highlighting the strength of this review.	-

Reviewer 2

Reviewer's comment	Authors' response	Revision
The study protocol aims to address the knowledge gap in facilitators and barriers to implementation of dementia care. It would be recommended to clarify some ambiguities regarding second screening of papers.	Dear Reviewer 2, thank you for your friendly and high valued feedback. Below you will find the comments/changes we have made.	-
1. Although it is not clearly mentioned, the interventions targeted appear to be non-pharmacological psychosocial approaches. Pharmacological interventions may require different implementation strategies from non-pharmacological interventions so that this point needs attention during the screening.	We thank the reviewer for pointing this out. We indeed focus on non-pharmacological interventions. We have changed the term of the inclusion criteria in Table 1, p. 6 We use the term “psychosocial intervention” instead of non-pharmacological interventions.	“Implementation of evidence-based: a) psychosocial interventions for behaviour that challenges supporting a person with dementia b) psychosocial interventions for delirium c) interventions for post-acute care needs” page 6, table 1

<p>2. Level of evidence is undetermined when the implementation of 'evidence-based interventions' is reviewed.</p>	<p>Thank you for this important point. Although we need to consider, that e.g. systematic reviews or meta analyses showed that the evidence in dementia effectiveness trials produces very heterogeneous results and is quite often based on poor reporting. Therefore, it cannot be assumed that RCTs provide gold standard per se, but that other factors must be taken into account (such as context, fidelity, hindering/facilitating factors etc.). Also, in the context of implementation science, we need to consider – and this has been seen quite often – that only single components of a complex/ multicomponent intervention study are implemented elsewhere. Which still means that evidence has been considered.</p> <p>In the course of the translation of the results of an intervention trial into practice routine (or implementation study), deviations are possible (to be expected) because, among other things, the context in the original study may have been different than the one in the implementation study. Therefore, adaptation of the intervention may have been needed, and thus influenced the outcome in a different way (but may not be reported). We expect, that we may not always be able to provide details on the evidence level of the implemented intervention. Although we have conducted hand search for each of the 3 interventions and relevant additional articles published by the research team.</p>	<p>-</p>
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<p>3. As the implementation science would be relatively new, one intervention program can have (1) publication(s) of evidence such as RCT but <u>no information</u> on implementation in daily practice, or (2) publication(s) of evidence followed by other papers on implementation. Second screening may need some strategies to address these series of publications.</p>	<p>Thank you for this important comment. The focus of our review is on studies that provide information on implementation and/or process evaluation and/or hindering or facilitation factors. Because of this, a variety of terms from implementation science were included in the search string. Additionally, the type of study is part of our extraction form and will be described in the results of the final review paper.</p> <p>Adjusted see page 6 Table 1, page 7 Table 2</p>	<p>“Any kind of study that describes or evaluates the implementation process of interventions (e.g. within the context of trials such as RCT or hybrid design) or daily practice.” page 6, table 1</p> <p>“Study design (e.g., RCT, process evaluation)” Page 7, table 2</p>
<p>Use of the term 'BPSD' should be avoided as it places problem in the person with dementia. It is replaced with neuropsychiatric symptom (e.g. the Lancet Commission paper 2020) or challenging behaviour (in some dementia care journals).</p>	<p>Thank you for this comment, we changed the term BPSD in the whole manuscript into <i>“behaviour that challenges supporting a person with dementia”</i></p>	

VERSION 2 – REVIEW

REVIEWER	Nakanishi, Miharu Koeki Zaidan Hojin Tokyo-to Igaku Sogo Kenkyujo
REVIEW RETURNED	19-Aug-2021
GENERAL COMMENTS	Thank you for your revisions in response to my previous comments. Responses adequately address my concerns. I have no further questions.